

VA Department of Veterans Affairs

COMBINATION REQUISITION AND SHIPPING TICKET

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1

To (Show your Station / Facility ID)

Ship To (Show Destination Station / Facility ID)

B/L Number

Date Shipped

Shipping Station Voucher No.

Line Stock No.

Item Nomenclature (Describe what you are shipping)

Unit

Quantity

Volume

Shipped

Weight Ea

Line Cube

Par Value

Amount

1

2

3

4

5

Total Pieces =

Total Cubic Volume

Total Item Weights

Total Pallet Weight

Number of Pallets:

X 40lbs =

Length

Width

Height

Miles to Destination, if known:

Total Shipment Weight

Pickup Point / Origin Point / Shipping Point Address:

Name

St Addr

C, St, Zip

Commercial Phone: () -

Contact Person at the Pickup Point / Origin Point / Shipping Point:

Name

Commercial Phone: () -

Contact Person at the Destination Point / Receiving Point:

Name

Commercial Phone: () -

Contact Person to Receive the FedEx GBL Package:

Name

Commercial Phone: () -

Req No. or P.O. #

Obligation #

Appropriation #

Billing Address:

Name

St Addr

C, St, Zip

FAX THIS COMPLETED FORM TO VATLC (202) 273-6236

Requisition Number

Date of Requisition

The articles or services listed hereon have been received or rendered & are accepted, except as noted

Approval Signature and Title

Date

Signature and Title

Date Recvd

Posted Items recorded in inventory accounts

Date of Voucher

Voucher Number

Signature of Accountable Officer

Date